



North Dakota Workforce
Safety & Insurance

Art Thompson
Director

Todd Brown
State of Oregon
1225 Ferry Street SE Floor 2
Salem OR 97301-4278

July 22, 2025

Account Information	Employer account number:	1517837
	Issue date:	07/22/2025
	Expiration date:	09/13/2026

Certificate of Payment

Reason For Notice	Workforce Safety & Insurance (WSI) certifies State of Oregon has North Dakota workers' compensation coverage from 07/01/2025 to 06/30/2026. Employees of State of Oregon are entitled to apply for WSI benefits.
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Required Action	Employers must post this Certificate of Payment in a conspicuous manner at the workplace. A penalty of \$250 may apply for failure to comply with this requirement. See North Dakota Century Code § 65-04-04.
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Additional Information	Coverage under this certificate extends to employers for their North Dakota exposure. Limited coverage may be extended for temporary and/or incidental exposure outside of North Dakota.
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WSI may revoke the Certificate of Payment for failure to make required premium payments.

For More Information	Contact customer service at 800-777-5033 or 701-328-3800 with questions.
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Class	Classification Description
8747	Professional/Business Reps

Sincerely,

Sarah Feist
Chief of Employer Services

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Important Notice to Workers



In Case of Injury at Work

Seek first aid or medical treatment immediately

- If your employer does not have a Designated Medical Provider (DMP) you may see any medical provider.
- If your employer does have a DMP, you are required to see that DMP unless you selected your own DMP before the injury occurred.
- If it is an emergency, you can treat with any medical provider.

Tell your employer about the injury as soon as you become aware of the injury

- Workforce Safety & Insurance (WSI) may not accept your claim if you fail to tell your employer within 7 days.
- Even if you do not receive medical treatment, report your injury so your employer is aware of a potential hazard.

Your Employer's DMP is:

The State of Oregon has not selected a DMP.

You may see any provider.

Employers

The DMP selection must be visible to workers at all locations, including at mobile worksites. Failure to give notice, post notice, or to inform employees of the DMP voids the selection.

If you suspect someone is committing fraud, report it immediately to WSI at **800-243-3331**.

Filing a Workers' Compensation Claim

File a claim with WSI within 24 hours after a work injury occurs:

- Complete the First Report of Injury (FROI) with your employer, if possible
 - Submit the FROI online at mywsi.workforcesafety.com, or
 - Complete the FROI and send it to WSI.

What happens after a claim is filed?

- A claim number is assigned.
- Information is gathered, facts are reviewed, and a decision is made.
- You and your employer are notified of the decision.

Your Responsibilities

- Tell medical provider(s) your claim number.
- Stay in touch with your employer and update them on your condition.
- Notify WSI immediately:
 - of any work activity, whether you are paid or not,
 - if you change your address or telephone number,
 - if you apply for Social Security disability or retirement benefits, or are found to be eligible for these benefits.

For a detailed explanation of the information contained in this poster, contact WSI at the numbers listed below or visit our website at www.workforcesafety.com

WSI

North Dakota Workforce
Safety & Insurance

1600 E Century Ave, Ste 1 - PO Box 5585 - Bismarck ND 58506-5585

Customer Service: 800-777-5033 or 701-338-3800

Hearing Impaired: 800-366-6888

Decision Review Office: 800-701-4932 or 701-328-9900

Fraud & Safety Hotline: 800-243-3331



Job Safety and Health IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

This poster is available free from OSHA.

Contact OSHA. We can help.

